

2005 Guidance for HIV Counseling, Testing and Laboratory Reporting

**Statewide Satellite Broadcast
July 13, 2005**

**New York State Department of Health
AIDS Institute**

By the end of this broadcast you will be able to:

1. State the goals of the *2005 Guidance*
2. Explain the importance of discussing and recommending HIV testing as part of routine health care
3. Describe how streamlined pre-test counseling will enable providers in clinical settings to integrate HIV testing into routine care

Objectives, continued

4. Explain how the *Guidance* applies to HIV testing in non-clinical settings
5. Describe the benefits of rapid HIV testing
6. Understand the importance of post-test counseling and linking HIV positive people to care and support services.
7. Correctly use new DOH forms

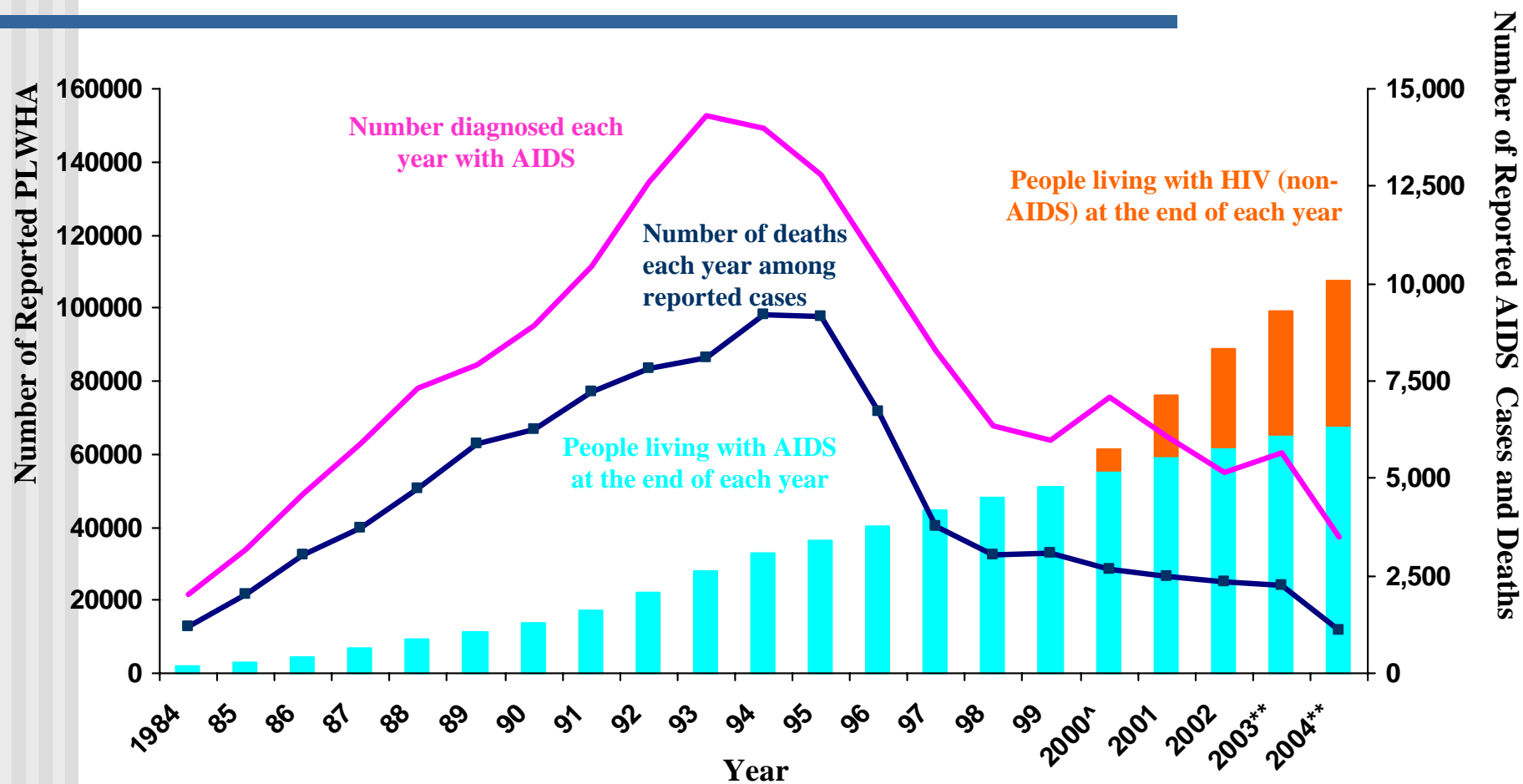
Objectives, continued

8. Understand how new laboratory reporting requirements will enable the NYSDOH to better monitor quality of care and respond to developments in the epidemic.

Goals of the 2005 Guidance

- To make HIV testing routine in more settings to ensure people know their HIV status.
- To ensure people with HIV have ready access to HIV health care and services.
- To ensure that people with HIV in care are receiving high quality care.

Twenty Year Trends in HIV and AIDS Cases* 1984 – 2004 New York State



* Reported and confirmed through December 2004

** Date are incomplete due to lag in reporting and confirmation

[^] HIV named reporting began in NYS in 2000

Impetus for Change

- Need to increase access to HIV testing
 - 25% of persons with HIV have never been tested
 - ~40% progress to AIDS within 1 year of HIV diagnosis
- Recent studies (NEJM) suggest that HIV screening is cost effective at much lower prevalence than 1% highlighted by CDC
- Challenges in the second decade of HAART
 - Ensure rapid entry into care after diagnosis of HIV
 - Improve population-based monitoring of quality of care
 - Need better monitoring of HAART resistance

2005 Guidance and Article 27-F

- 2005 Guidance maintains the protections of Article 27-F
- HIV testing remains voluntary and requires written informed consent
- Post-test counseling remains unchanged

Streamlined Pre-Test Counseling

- Written informed consent is required
- Lengthy face-to-face counseling is not required by PHL 27-F
- Having the client reading the consent form and asking if he/she has any questions meets minimum requirements
- Additional counseling may be tailored to client need and provider capacity to offer

Streamlined Pre-Test Counseling

- Face-to-face discussions for those with questions or those who need further explanation
- Access to “Counselor-on-call”
- Additional, detailed counseling for people with rapid test preliminary positive results

Options for Preparing Clients for HIV Testing and Obtaining Written Informed Consent

Client May:

- Read Part A of informed consent form
- Read “Key Messages” brochure
- View a video
- Attend a group session on HIV testing
- Receive tailored counseling

To conduct an HIV test the client must voluntarily sign Part B of the consent form

2005 Guidance: Health Care Settings

- Routinely discuss and offer HIV testing to patients, regardless of perceived risk
- Adopt a “low threshold” for recommending an HIV test
- Routinely recommend HIV testing to:
 - Pregnant women
 - All sexually active people, esp. those with multiple partners
 - People with a history of substance abuse
 - People in areas of high seroprevalence (i.e., $\geq 1\%$), including major urban areas

Streamlined pre-test counseling is critical to enable medical care settings to provide HIV testing during health care visits.

Streamlined HIV Pre-test Counseling in Non-Medical/Community Settings

- Under the 2005 Guidance, non-medical/community settings are being encouraged to:
 - remove unnecessary barriers to HIV testing
 - make HIV testing truly client-centered

Streamlined pre-test counseling is a minimum that can be built upon and tailored to the unique needs of each client.

Streamlined HIV Pre-test Counseling in Non-Medical/Community Settings

- Programs predominantly serving high-risk, vulnerable populations should tailor pre-test counseling to the population served
- Link testing with an effective prevention intervention
- Individuals at high-risk may need intensive counseling to:
 - Assess readiness to test
 - Identify support systems and referral needs
 - Plan for obtaining test results
 - Access referrals
 - Ensure linkage of HIV+ to care

Informed Consent to Perform HIV Testing form

- Includes all elements required under Article 27-F
- Written in simple, easy to understand language
- Maintains emphasis on confidentiality/anti-discrimination
- Authorizes resistance, viral load and incidence testing
- Allows pregnant women to consent to more than one HIV test during the same pregnancy
- Easier format for client and medical records
- “Normalizes” HIV testing as part of medical care

Informed Consent to Perform HIV Testing form

Part A, the informational section

- Contains all of the basic information that someone would need to know to make a decision about being tested
- Is written in simple, easy-to-follow language
- For many persons, Part A is to be provided for review and, unless there are questions or other circumstances warranting further steps, individuals can be asked to sign Part B indicating their written consent
- Persons tested should be offered a copy of part A to take with them

Part B, the signature page

- Should be placed in client record

Offer Patients an Opportunity to Ask Questions

- Key Questions for Provider to Ask:
 - Do you have any concerns about what you have read or seen?
 - Do you have any questions?
 - Is there anything else about HIV/AIDS that is on your mind?

Adopt Rapid HIV Testing Technology

- Allows individuals to receive HIV test result in single visit
- Increases likelihood of individuals accepting HIV testing because appointment will be relatively brief
- Rapid HIV tests are simple to use and require little or no specialized equipment
- DOH website has wealth of info:
www.health.state.ny.us/diseases/aids/testing/rapid/index.htm

Post-Test Positive Referrals and Access to Care and Services

- Timely access to care, prevention and supportive services can prevent disease progression and save lives
- Extensive infrastructure of HIV primary care, prevention and supportive services available in NYS
- Individuals should receive help accessing and completing referrals
- Completion of referrals should be verified

Post-Test Positive Referrals and Access to Care and Services

Referrals must be responsive to individual's priority needs, and services should be appropriate to individual's culture, language, sex, sexual orientation, age and developmental level:

- Medical care
- Case management
- Ongoing prevention counseling
- Partner notification assistance
- Substance abuse treatment
- Mental health treatment
- Legal Services
- STD treatment
- Hepatitis treatment
- Housing
- Food
- Employment counseling
- Transportation
- Child care
- Domestic violence

Changes to HIV Medical Release Form

- “HIPAA Compliant Authorization for Release of Medical Information and Confidential HIV Related Information”
- Allows for use of single form to authorize release of medical information and HIV-related information to more than one provider
- Authorizes designated providers to share information between and among themselves
- Facilitates access to care and services

Updated Consent and Release Forms

- Download and print at:
<http://www.health.state.ny.us/diseases/aids/index.htm>. Click on the "Current Issues/New Guidelines" link
- Spanish forms available soon with other languages to follow
- Bulk orders: from DOH web site or call: (212) 417-4553 to request a Provider Materials Order Form to order these materials

Advances in HIV testing

- Incidence test
 - Helps public health officials estimate recency of seroconversion among those who test positive
- CD4 test
 - Tells the state of a person's immune system
- Nucleic acid (viral load tests)
 - Tells the amount of virus in a particular quantity of blood
- Resistance test
 - Tells which drugs may or may not be effective against the virus

HIV Incidence Testing

- STARHS: Serologic Testing Algorithm for Recent HIV Seroconversion
- Approved for use in disease surveillance only
- Done by state's Wadsworth Lab using residual diagnostic sera from newly diagnosed persons
- Helps obtain estimates of incidence (recent seroconversion)
- Results not clinically useful and will not be reported to patient

Laboratory Reporting and Monitoring Quality of Care

- Gathering results of HIV resistance tests will:
 - Help track the extent of drug resistant virus in a community
 - Provide community level data may help clinicians plan treatment regimens
 - Allow tracking of any emerging drug resistant strains

HIV Laboratory Reporting Requirements

	Prior to 6/1/05	As of 6/1/05
HIV antibody	WB or IFA confirmed (+) tests	WB or IFA confirmed (+) tests
CD4 lymphocytes	<500 cells/mm ³ or <29%	All tests
HIV nucleic acid tests	Any detectable value	All tests
Resistance and subtype results	Not reportable	Genotype nucleotide sequence

Expanded Reporting of Viral Load and CD4 tests

- Gathering results of **undetectable** viral load tests and **all** CD4 tests will help:
 - Monitor how effective treatment is at the community level
 - Monitor overall quality of care

Informing Patients About New Lab Reporting Requirements

- New testing consent form describes reporting requirements to people testing after June 1, 2005
- A one-page hand-out has been developed that describes the new laboratory reporting changes for patients already in care.

Laboratory Reporting

- No added burden on providers
- Conducted electronically
- Uses existing, proven methods of reporting from laboratories to the DOH
- Highly secure system

Questions about Client Literacy

- Do you have any thoughts or concerns about reading this form?
- Does it look like this brochure uses words or small letters that you are not comfortable reading?
- Would you like to read this form or have a short discussion about what it says?

Capacity to Give Consent

- To determine informed consent providers may pose a simple question:
 - “ Do you understand what it means to have this test?” or “Do you have any questions?”
- It should be assumed that most adults have the capacity to consent unless there is some reason to believe otherwise
- Community testing programs targeting certain populations (for example, youth, people with mental illness, or developmental disability) should take additional steps to determine capacity to consent

Next Steps

- Revise existing AIDS Institute materials, curricula and other guidance to reflect new policy guidance and laboratory reporting requirements
- Continue to combat HIV-related stigma and discrimination
- Vigorously enforce statutory provisions against discrimination, HIV testing without consent and breaches of confidentiality
- Educational activities for health and human service providers and practitioners

Clinician's Toolkit

- Dear Colleague Letter
- Palm Card
- Video for Office Use
- Clinic Posters
- Internet Resources
- Updated forms:
 - Informed Consent
 - Authorization for Release
 - Medical/Provider Report Form

Consumer Educational Materials

- DOH has brochures, booklets, and posters for consumers that promote HIV testing and prevention
- Many of these materials are available in pdf format on the Department website at:
<http://www.health.state.ny.us/diseases/aids/publications/>

Stay Informed About New Consumer Materials

Complete listing of consumer materials and to
order bulk or print copies:

<http://www.health.state.ny.us/diseases/aids/publications/edmat.htm>

Or send an e-mail to:

HIVPUBS@health.state.ny.us

or phone

(518) 474-3459

Training Issues

- HIV Testing in NYS: 2005 Guidance
 - Half day training
- HIV Testing: Skills Practice
 - One day training

HIV Primary Care Medicaid Program now recommends **(not requires)** attendance at a NYSDOH approved training.

Stay Informed About New Training

- Training announcements posted at:
<http://www.health.state.ny.us/diseases/aids/training/index.htm>
- To sign up for training announcements send your email address and the county you work in to:
HIVET@health.state.ny.us

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